



Critical Incident Reporting

January 12, 2016

This presentation is to be used only as a supplement to the Critical Incident Guidelines

Ashley Schlichenmayer-Okroi, Program Specialist II

Critical Incident Reporting:

REGULATORY AUTHORITY

The authority behind the submission of incident reports is as follows:

Administrative Rule of South Dakota 46:11-03-02. Critical incident report – Submission to division. The CSP shall give verbal notice of any critical incident involving a participant to the division no later than the end of the division's next business day or the CSP's administrative business day whichever occurs first from the time the CSP becomes aware of the incident. The CSP shall submit a written critical incident report utilizing the division's on-line reporting system within seven calendar days after the initial notice is made. A report must be submitted for the following:

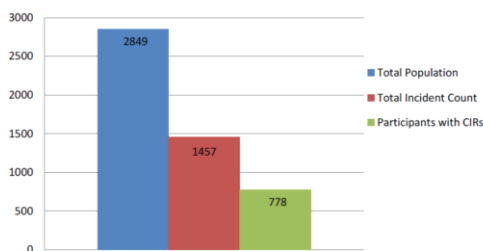
- (1) Deaths;
- (2) Life-threatening illnesses or injuries;
- (3) Alleged instances of abuse, neglect, or exploitation against or by any participant;
- (4) Changes in health or behavior that may jeopardize continued services;
- (5) Serious medication errors;
- (6) Illnesses or injuries that resulted from unsafe or unsanitary conditions;
- (7) Any illegal activity involving a participant;
- (8) Any use of physical, mechanical, or chemical intervention, not part of an approved plan;
- (9) Any bruise or injury resulting from the use of a physical, mechanical, or chemical intervention;
- (10) Any diagnosed case of a reportable communicable disease involving a participant; or
- (11) Any other critical incident as required by the division.

The report must contain a description of the incident, specifying what happened, when it happened, and where it happened. The report shall also include any action taken by the CSP necessary to ensure the participant's safety and the safety of others and any preventive measures taken by the CSP to reduce the likelihood of similar incidents occurring in the future. The division may request further information or follow-up related to the critical incident.

The CSP shall notify the participant's parent if the participant is under 18 years of age, or the participant's guardian, if any, that a critical incident report has been submitted and the reason why unless the parent or guardian is accused of the incident.

2014 CIRs

2014 Total Number of Incidents



Quarterly CIR Data

- ❑ Quarterly data on CIRs is broken down by CSP and sent out to each provider throughout the year.

[illegible]

CIR Dates

Status: Submitted 12/23/2015 ☐ Hide Empty Sections

Incident Date Date Reported to DDD Time of incident or discovery: 9:00 ☒ AM ☐ PM

11/29/2015 12/15/2015

Was incident observed or discovered? Discovery Date

Discovered 12/14/2015

- ☐ Ensure incident dates are accurate and align with internal CSP incident reports/GERs.
- ☐ Written report due 7 calendar days from the date reported to DDD.

CIR Settings

- ☐ Residential
- ☐ Segregated Day
- ☐ Supported Employment
- ☐ School
- ☐ Community
- ☐ Vehicle

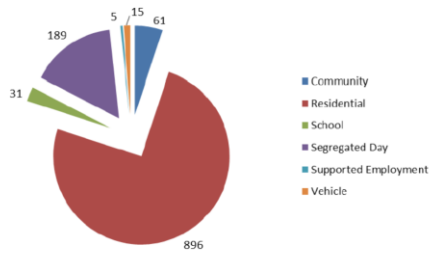
Type of agency support where incident occurred
Residential ▼

- ☐ Home
- ☐ Community
- ☐ Family Visit
- ☐ Vehicle
- ☐ Hospital
- ☐ Other

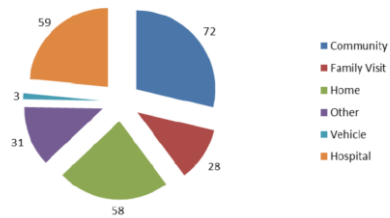
If not in agency support, where did incident occur? Other

[blank] ▼

2014 Location when in Provider Support



2014 Location when not in Provider Support



Missing Persons

MISSING PERSON

Risk Factors

☐ None
 ☐ Cannot care for self
 ☐ Risk to others
 ☐ Other

☐ Seizures
 ☐ Needs medication
 ☐ Suicidal

Other:

What date and time was person last observed: ☐ AM ☐ PM

Date and time police contacted if applicable: ☐ AM ☐ PM

Was person located at time of completing incident report? ☐ Yes ☐ No

Date and time person was located: ☐ AM ☐ PM

☐ Missing person applies when a participant is identified as being a danger to themselves or others.

☐ Risk Factors: Others

Illegal Activity

Illegal Activity

Type of Activity
 Other

Person Arrested?
☐ Yes ☐ No

- ☐ Completed only when police involvement has taken place
- ☐ Illegal Activity where staff intervened before police involvement occurred does not need to be reported under this category.
- ☐ **Illegal** Activity in this section only pertains to the person the CIR is about allegedly committing the action, not a perpetrator committing the allegation against them as a victim.

Highly Restrictive Techniques

HIGHLY RESTRICTIVE PROCEDURES

Type of Restrictive Procedure

☐ Physical Restraint Duration Length of Restraint

☐ Chemical Restraint

☐ Mechanical Restraint Duration Length of Restraint

☐ Time-Out Room Duration Length of Restraint

Behavior Intervention Plan in place? ☐ Yes ☐ No

Injury as a direct result of restraint? ☐ Yes ☐ No

Altercations

ALLEGED VICTIM OF ALTERCATION

Type
 Injury? ☐ Yes ☐ No

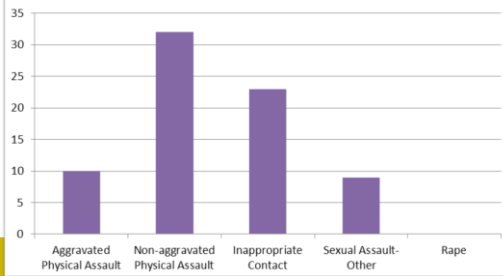
Alleged Perpetrator

ALLEGED PERPETRATOR OF ALTERCATION

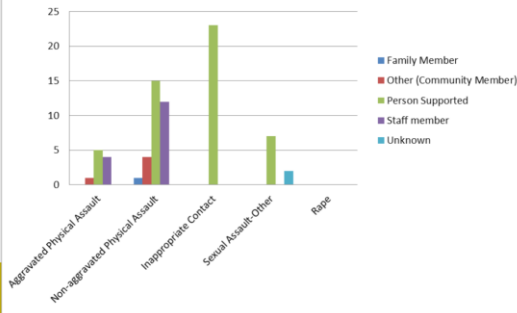
Type of Assault Injury to Victim

Alleged Victim

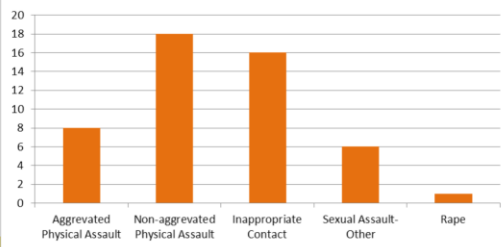
2014 Alleged Victim of Altercation



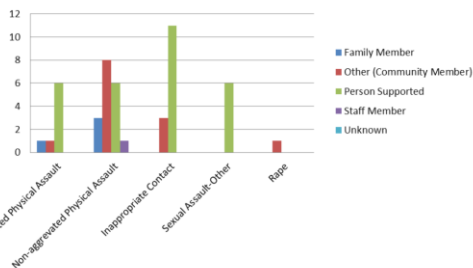
2014 Alleged Victim by Type of Altercation



2014 Alleged Perpetrator of Altercation



2014 Alleged Perpetrator by Type of Altercation



Altercation vs. ANE

Victim of Altercation

Abuse Neglect Exploitation

ALLEGED VICTIM OF ALTERCATION
 Type: Non-aggravated Physical Assault Injury? ☒ Yes ☐ No
 Alleged Perpetrator: Person served

ABUSE/NEGLECT/EXPLOITATION
☒ Suspected ☐ Abuse ☐ Neglect ☐ Exploitation
☐ Not Suspected
 Abuse Type: ☐ Verbal ☒ Physical ☒ Sexual ☐ Psychological
 Suspected By: By person served Name: _____

OTHER UNUSUAL INCIDENT
 Type of Incident: Victim of Theft Other: _____

Abuse Neglect Exploitation

ABUSE/NEGLECT/EXPLOITATION
☒ Suspected ☐ Abuse ☒ Neglect ☐ Exploitation
☐ Not Suspected
 Abuse Type: ☐ Verbal ☐ Physical ☐ Sexual ☐ Psychological
 Suspected By: By family Name: _____

ABUSE/NEGLECT/EXPLOITATION
☒ Suspected ☐ Abuse ☐ Neglect ☒ Exploitation
☐ Not Suspected
 Abuse Type: ☐ Verbal ☐ Physical ☐ Sexual ☒ Psychological
 Suspected By: By staff Name: Dawn Peters, DSP

This section MUST be completed.

Suspected By should be the person to whom the allegation is against. **NOT** the person who discovered/reported it.

Abuse Neglect Exploitation

NOTIFICATIONS

Police Department: _____

Police Notified of the Incident? ☐ Yes ☒ No

DDD Office

☒ Notified ☐ Not Notified

Name of person you spoke to: Ashley Schlichenmayer-Okroi

Guardian: Other (family, etc.)

Notification: Notified

Name of person you spoke to: _____ Date: _____

DSS Office Notified

☐ CFS ☒ ASA ☐ N/A

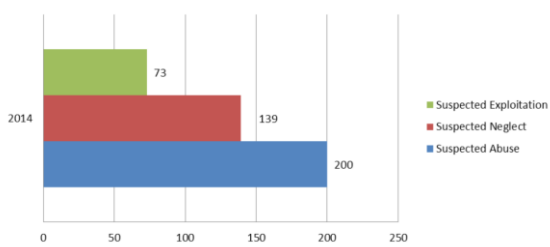
Name of person you spoke to: Pam Beck Date: 12/15/2015

Primary Reporter (Person who observed or discovered incident): Lisa Jones, DSP

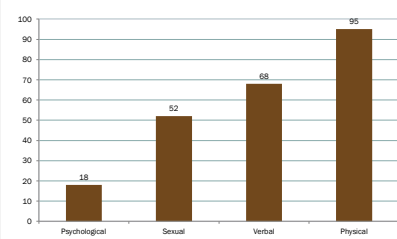
Program Manager or Staff In Charge: Tom Sampson, Support Supervisor

- ❑ All allegations need to be reported to DSS, Law Enforcement or the State's Attorney within 24 hours regardless of the entities' working hours.

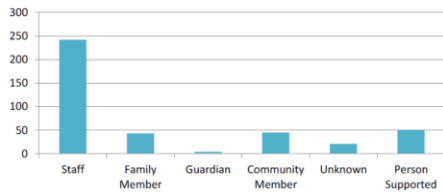
2014 Abuse, Neglect and Exploitation Reporting



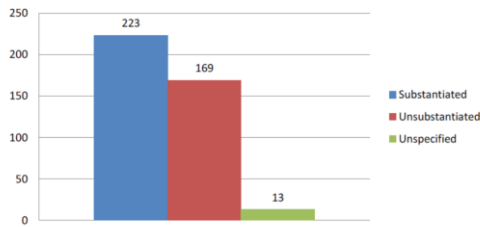
2014 Abuse Type



2014 Suspects of Abuse, Neglect and Exploitation



2014 Abuse, Neglect and Exploitation Substantiation



Medicaid Fraud Control Unit (MFCU) Reporting

The Division is responsible for reporting to MFCU the following types of incidents when received as Critical Incident Reports:

- ☐ Allegations of ANE against staff
- ☐ Allegations of ANE between people supported as well as altercations between people supported
- ☐ All allegations of exploitation involving social media, texting, or photographs of a participant
- ☐ All unexplained injuries
- ☐ Any injury sustained as a result of physical restraint
- ☐ All Mortality reports where the person's death is not anticipated.



Department of Social Services (DSS)



Cassie Lindquist,
Program Specialist

South Dakota Dept. of Social Services
Division of Adult Services & Aging

DSS FAQ



1. Does DSS contact law enforcement when an allegation of Abuse, Neglect, or Exploitation (ANE) is made?
2. Does DSS investigate allegations of ANE?
3. Does DSS work with law enforcement to investigate?
4. When can DSS remove a person from their home?
5. Will DSS contact families or CSPs with results of information?
6. Will DSS staff contact DDD staff to make sure that DDD is aware of an allegation?
7. Does DSS have any concerns with mandatory reporting of incidents?

Other Incidents

OTHER UNUSUAL INCIDENT

Type of Incident: [blank] Other:

☐ Death

☐ Jeopardizing Services

☐ Increase in Behavior

☐ Communicable Disease

☐ Medication Error

OTHER UNUSUAL INCIDENT

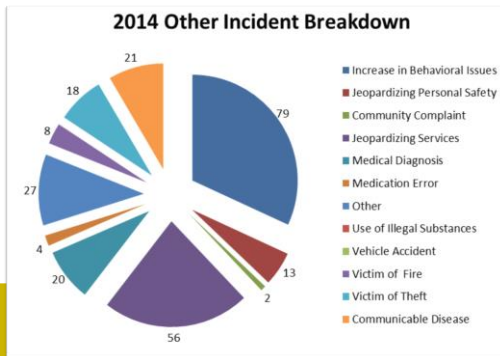
Type of Incident: [blank] Other:

Death
Jeopardizing Services
Victim of Theft
Increase in Behavioral Issues
Medical Diagnosis
Jeopardizing personal safety
Communicable Disease
Victim of fire
Community complaint
Near drowning
Medication error
Other

Other:

Will be reviewed by the Incident Review Team? ☐ Yes ☐ No

DSS Office:



SMART CIR Data

AIE Reporting
 Element Status:
 Causal Factors:
 Not identified
 No verbal report to DOD
 Verbal report to DOD not timely
 No online report to DOD
 Online report to DOD not timely
 Mandatory reporter - no report
 Mandatory reporter - not timely
 Death of a child
 No report to parent / guardian
 Report to parent / guardian not timely

AIE Response
 Element Status:
 Causal Factors:
 Documentation - no incident location
 Documentation - no level of staff
 Documentation - no level of medical pers
 Preventative actions not documented
 No investigation
 Investigation not initiated timely
 Preliminary findings not timely
 Investigation not completed timely
 Findings - documentation inadequate
 Findings - not distributed
 Findings - distribution not timely

Other Critical Events
 Element Status:
 Causal Factors:
 Not identified
 No verbal report to DOD
 Verbal report to DOD not timely
 No online report to DOD
 Online report to DOD not timely
 No report to parent / guardian
 Report - insufficient description
 Report - no CSP action for safety
 Report - no preventative measures

South Dakota
SMART

SMART Element Overview

CHOICES: Data Provided: 12/29/2015 9:20:32 AM (refresh)

Element Overview: H&W

From Review Date: 01/01/2015 To: 12/31/2015

Element	Total	Number		Percent	Number		Percent
		BA	Incorrect		Correct	Correct	
AIE Participant Training	230	0	13	8.3%	211	91.7%	
AIE Reporting	230	199	11	35.5%	20	64.5%	
AIE Response	230	206	3	12.5%	21	87.5%	
Chemical Restraint	230	199	7	6.3%	222	93.5%	
Emergency Restriction	230	208	8	36.4%	14	63.6%	
Grievance Notice	230	0	14	6.1%	216	93.9%	
Grievance Request	230	216	0	0.0%	14	100.0%	
Mechanical Restraint	230	221	3	33.3%	6	66.7%	
Medication Management	230	5	3	1.3%	222	96.7%	
Meds for Procedures	230	212	1	5.4%	17	94.4%	
Other Critical Events	230	175	7	12.7%	48	87.3%	
Other Participant Training	230	182	17	33.8%	141	96.2%	
Physical Restraint	230	216	5	35.7%	9	64.3%	
Release of Information	230	38	15	7.8%	177	92.2%	
Self-administration	230	0	0	3.5%	222	96.5%	
Time Out	230	230	0	0.0%	0	0.0%	
Total Elements Reviewed	1,393						
Total Elements Correct	1,271						
Overall Element Accuracy	91.34%						

ANE Reporting

CHOICES Date Printed: 12/30/2015 5:00:57 PM (aschliche)

Causal Factor Summary: H&W

From Review Date: 01/01/2015 To: 12/29/2015

Selected Criteria

Provider: <All> Element: ANE Reporting

Review Type: Initial Program/Medical Targeted Initial Program/Medical Initial Program Initial Medical Ongoing

Review Class: CMS Sample Targeted Ongoing Program/Medical Ongoing Program Ongoing Medical

ANE REPORTING

Causal Factor	Factor Count
No report to parent / guardian	4
Mandatory reporter - no report	3
Not identified	3
No verbal report to DDD	2
Verbal report to DDD not timely	2
No online report to DDD	2
Online report to DDD not timely	1

Cases: 232 N/A: 201 Incorrect: 11 Factors: 17

ANE Response

CHOICES Date Printed: 12/30/2015 5:03:33 PM (aschliche)

Causal Factor Summary: H&W

From Review Date: 01/01/2015 To: 12/29/2015

Selected Criteria

Provider: <All> Element: ANE Response

Review Type: Initial Program/Medical Targeted Initial Program/Medical Initial Program Initial Medical Ongoing

Review Class: CMS Sample Targeted Ongoing Program/Medical Ongoing Program Ongoing Medical

ANE RESPONSE

Causal Factor	Factor Count
Findings - documentation inadequate	1
Findings - not distributed	1
Preventative actions not documented	1

Cases: 232 N/A: 208 Incorrect: 3 Factors: 3

Other Critical Events

CHOICES Date Printed: 12/30/2015 5:04:16 PM (aschliche)

Causal Factor Summary: H&W

From Review Date: 01/01/2015 To: 12/29/2015

Selected Criteria

Provider: <All> Element: Other Critical Events

Review Type: Initial Program/Medical Targeted Initial Program/Medical Initial Program Initial Medical Ongoing

Review Class: CMS Sample Targeted Ongoing Program/Medical Ongoing Program Ongoing Medical

OTHER CRITICAL EVENTS

Causal Factor	Factor Count
Not identified	4
Online report to DDD not timely	2
No verbal report to DDD	1
Verbal report to DDD not timely	1
No online report to DDD	1

Cases: 232 N/A: 176 Incorrect: 8 Factors: 9

Actions Taken

Follow-up needed
☒ Yes Estimated date agency will send follow-up to DDD: 07/23/2016
☐ No

ACTION TAKEN

Preventive Measures
☐ Training to all involved personnel
☐ Training agency wide for all personnel
☒ Training for people supported
☐ Disciplinary action (staff)

☐ No further action needed
☒ Other
☐ Participant terminated/discharged from services

ADDITIONAL INFORMATION

Provide written description of any special circumstances surrounding the incident or to provide clarification of information contained above.
 On Saturday July 7th Tina was shopping at Wal-Mart with her mother. They completed their purchases around 1:00pm, Tina reported. After her mom drove away Tina said that as she was entering her car that she was approached by a man asking her to help him load groceries into his car. She left her car doors unlocked and helped the man. When she went back to her car it was no longer in the parking space she left it. Tina went into Wal-Mart and the security officers assisted her in calling the police and the on-call supervisor

- Ensure that the most appropriate category/categories is/are being selected in the Actions Taken section.
- Utilize Other for Actions Taken only when no other category is closely aligned.
- Additional Information should include all pertinent information, information on follow up that was completed, and include persons involved.

DDD Fields

DDD USE ONLY

Referred to division nurse for review? ☐ Yes ☒ No

Medicaid Fraud? ☐ Yes ☒ No Contact Date:

A/N/E Substantiated? ☐ Yes ☐ No

Report Received in required time frames? ☒ Yes ☐ No

Reported to Appropriate Party? ☒ Yes ☐ No

Follow-up requested? ☐ Yes ☒ No

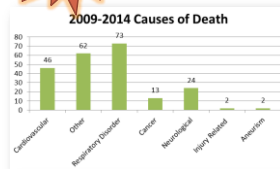
Date agency notified to send follow-up:

CIR Annual Report

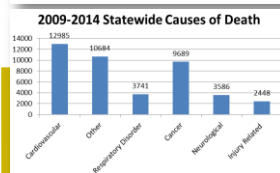


<http://dhs.sd.gov/dd/Division/publications.aspx>

New CIR Annual Report



	CSP %	Statewide %
Cardiovascular	20.4%	30.1%
Other	27.4%	24.8%
Respiratory Disorder	32.3%	8.7%
Cancer	5.8%	22.5%
Neurological	10.6%	8.3%
Injury Related	0.9%	5.7%
Aneurism	0.9%	



Annual Report Utilization Survey

☐ There will be a brief survey sent to provider organizations inquiring about the utilization of the South Dakota CIR Annual Report.



Questions...

2016 Webinar Series

The list of topics and presenters is still being developed.
Topics are projected to include:

- ☐ Eligibility/Level of Care
- ☐ HCBS Settings Rule Transition Plan and Due Process
- ☐ SDDC Transitions and Consult Requests
- ☐ ICAP
- ☐ Using Data (SMART, NCI, CQL, POM, ICAP)
- ☐ Sharing Relationship Resources
- ☐ Working with People with Personality Disorders
- ☐ Supported Decision Making
- ☐ Money Follows the Person
- ☐ Medicaid Fraud
- ☐ Follow Up to Employment/VR Changes

Reminder: Webinars will likely continue to take place the second Tuesday of each month from 2p-4p CST.

Please note that the webinar series dates, times, and topics are subject to change.

Please email Ashley with any suggestions for Webinar topics.

Contact Information

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Facebook	https://www.facebook.com/S.D.DepartmentOfHumanServices
Twitter	https://twitter.com/SDHumanServices

